PTO/SBIAD (12-04)  Approved for use Evoluth TIT (2006, ONE) 0651-0012  U.S. Patient and Trademark Office; U.S. DEPARTIMENT OF COMMERCE  U.S. Patient and Trademark Office; U.S. DEPARTIMENT OF COMMERCE  Under the Paperwork Reduction Act of 1895, no persons are regulated to respond to a codection of Information unless K displays a wall OMB control number.  Under the Paperwork Reduction Act of 1895, no persons are regulated to respond to a codection of Information unless K displays a wall OMB control number.											
PATENT APPLICATION FEE DETERMINATION RECORD  PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875											
APPLICATION AS FILED - PART ( (Column 1) (Column 2)						;	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	FOR	· NUMBER	· NUMBER FILED		EXTRA.	RA	TEM	LEE (1)		RATE(S)	eee (i)
BASIC 07 CF	FEE R 1.46(4), (6), ≪ (⊄	, NV	. N/A		`		NA			HVA .	300
SEAR	CH FEE R 1.16(4), (1), or (m)	14/	ev.A		N/A		NVA	· ·		EVA .	200
EXAM	ENATION FEE R 1.16(4), (6), or (4)	W.	WA.				N/A			H/A	400
TOTA	L CLAIMS .		minus 20.				*		oñ.	х. =	
MOE	PENDENT CLAU	IS	minus 3 =			χ «				x 50.4	200
ATPL	TR 1.16(4))	If the spect streets of places of pl	lication and paper, the 125 for sm	nd drawings extapplication size application size or fraction there	I drawings exceed 100. pplication size to due Il entity) for each or fraction thereof. See and 37 CFR 1.16(s).						
100	TPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))						NA			N/A.	1
* If the difference in column 1 is less than zero, onter "0" in column 2.							TOTAL		]	TOTAL	100
• APPLICATION AS AMENDED - PART II										•	1
											R THAN
	COOMIN 1				(Column 3)		SWALL	· · · · · ·	7/	× ×	ADDI
T A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PATES ENT		WTE (\$)	ADDI- TIONAL FEE (S)	X	RATE (\$)	TIONAL FEE (S)
AEN NEW	total	24	Minus	- 20	^	×			J o₹	x	-
NOW	Independent OF COR LUPE		Mbus .	" 1	1	×		/	no	×	
Σ		pReadion Star Fee (37 CFR 1.16(e))					· · · · · · · · · · · · · · · · · · ·	/	$\dashv$	1	
18	FIRST PRESENTATION OF MALTINE DEPENDENT CLAIM (DI CER 1.100)					ليا	A'H JATO	<del></del>	OR	TOTAL /	4
1	• •						DOT LEE		OR		<u> </u>
	(Column 1) (Column 2) (Column 3)							· · · ·	_	:	<del></del>
8	1	CLAIMS REMAINING AFTER		HIGHEST HUMBER PREYYPUSLY PAID FOR	PRESENT EXTRA		to etan	ADDI- TIOHAL FEE (3)		RATE (3)	LEE (2)
1 2	Total	AMENDHEHT	Minus		= .	,	ς =		· OF	x	<u>≡</u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NC NU	(27 CFR 1.16fH)	<del> </del>	Minus	414		1   7	ζ		ÖF	x	**
I N	Application Size Fee (37 CFR 1.16(1)).										
AM		FIRST PRESENTATION OF MILITIPLE DEPENDENT, CLAIM (37 CFR 1,160)					. NA		or	· · · · · ·	
			14		,	٠	TOTAL ADO'L FEE		01	R ADDITE	
- }			han the enti	ry In column 2. w	rille or in colum	n 3.				•.	

If you need assistance in completing the form, call 1-800 PTO-9199 and select option 2